DOCUMENT RESUME

ED 096 562 CG 009 133

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TITLE Adolescence and Learning Disabilities: Implications for School Counsellors.
PUB DATE [74]
NOTE 8p.

EDRS PRICE MF-$0.75 HC-$1.50 PLUS POSTAGE
DESCRIPTORS *Adolescents; *Counselors; *Educational Diagnosis; *Educational Therapy; Individual Development; *Learning Disabilities; State of the Art Reviews

ABSTRACT

After a brief comment on adolescent development and the problem of underachievement and learning disabilities, the procedures used by the author in the diagnosis of learning difficulties are discussed. The somewhat arbitrary distinction is made between three approaches to diagnosis; neuropsychological assessment, diagnostic reading procedures, and pencil and paper batteries of psychological tests. Some of the conflicting data and opinion on the prognosis for adolescents with learning disabilities is presented, ending on a note of cautious optimism. (Author)

ED 096562

ADOLESCENCE AND LEARNING DISABILITIES:

IMPLICATIONS FOR SCHOOL COUNSELLORS

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The school counsellor would appear to be in a prime position at the present time to exert creative leadership in a very important area which has gained increased publicity in recent years. Wilcox (1970) suggests that the counsellor is the person in the key position for the identification of the adolescent who is having special learning problems. The counsellor's role in working with the individual student, his contact and rapport with the entire staff, his training in testing, and his community contacts make him the most logical person at present to initiate help for students with learning disabilities. With some cooperation from teachers and some support from administrators his contribution to the academic development and personal welfare of an increasing number of secondary school students can be very significant.

Adolescent Development

Adolescent learning disabilities cannot be examined apart from the context of the overall development of the individual at that age. Any discussion of adolescent development, however, is fraught with perils of inconsistency, overgeneralization, and half truth not to mention the risk inherent in trying to understand anything so culturally bound in current times of rapidly changing institutions and customs. The only "facts" we have of some universal import are the physical changes individuals undergo in the transformation from boys and girls into men and women.

When we speak of adolescence in our western industrialized culture we are generally referring to social and psychological aspects superimposed on the physical state. One could view adolescence from Gesell's concepts of growth and developmental patterns of behavior, from Lewin's concepts of changes in psychological fields, or from Erikson's concepts of ego identity versus role diffusion. There is doubtless value in understanding all of these conceptual frameworks. One that has been presented to and been well received by a generation of teachers is that of Robert Havighurst (1952). His "developmental tasks" may not be supported by extensive experimental evidence but, I feel, they have considerable practical value.

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Havighurst contends that in order to comprehend human development one must understand that the individual learns his way through life. The tasks one must learn he refers to as developmental tasks and suggests that these "...arise at or about a certain period in the life of the individual, successful achievement of which leads to his happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval by the society, and difficulty with later tasks." If the task is not achieved at the most appropriate time it will not be achieved well, and if failed will cause partial or complete failure in the achievement of tasks yet to come. He has suggested developmental tasks for early and late childhood: for adolescence; and for early, middle, and late maturity.

In his writings, Havighurst defines the nature of each task; discusses its biological, psychological, and cultural basis; and comments on its educational implications. With all these tasks to accomplish, a learning disability and its concomitant poor academic achievement adds immeasurably to the challenges facing such youth in our society.

Underachievement and Learning Disabilities

There has always been some concern with underachievement but with the launching of a satellite by the Russians in 1957 it has become a national obsession with educators in the United States. The thought that a nation of peasantry and totalitarianism could have produced such sophisticated technology, in such a short time since being devastated in a global war, was incredulous to many. The subsequent soul-searching led to substantial investment in all areas of education and special attention was paid to increasing the level of human capacity. Investigations were launched into causes of underachievement and the best methods to deal with its manifestation. Two areas, although not discrete nor mutually exclusive but merely divided here for the sake of discussion, are those for whom the etiology of poor achievement is emotionally based, and those who have difficulties which have been labelled specific learning disabilities.

Much has been written of the former which is interesting but of dubious value in any specific suggestions for dealing with the problem. The Bricklins (1967), a husband and wife team of psychologists, suggest that as many as 80% of all underachievers are doing poorly because of emotional tensions. These chronic underachievers do poor work not because they are "lazy" but because of debilitating conflicts over which they have no more conscious control than they would have over the course of a cold. They have much to say about the most typical underachiever whom they feel has a passive-aggressive personality. This is one in which the student is striking back at his parents in their vulnerable pride over his achievement. They elaborate on a number of other causes of poor achievement and suggest possible treaments for each.

Bright (1970), the Director of Adolescent Medicine at the Medical College of Virginia, suggests that school failure during adolscence may have a number of complex effects. Among these are included problems of stealing, running away, and such somatic complaints as problems with vision, hearing, anemia, thyroid problems or migraine headaches. He suggests that the adolescent dyslexic who continues to have problems in reading and spelling, which by the 7th grade are compounded by the onset of puberty and normal adolescent development, may become even more confused and simply cannot learn to read and write. He may become discouraged with school work and feel he can never meet the demands of his teachers or parents. If his failure is met by punitive action, as it often is, the results may be day-dreaming in school, acting-out behavior, truancy, or psychosomatic complaints.

Thompson (1970) points out the vulnerability to stress of such an adolescent and mentions problems in impulsivity, suggestibility, short tempers, low self esteem, and poor social skills. Choeh (1969) stresses how difficult it often is to sort out the academic problems from the social and emotional factors. Maietta (1970) suggests that teenagers with learning disabilities exhibit a dysfunction in one or more of the basic psychological processes involved in communication by speech or writing. In addition they bring to their secondary school accumulated frustrations of the earlier years, persistent lack of notable attainments in academic efforts, deflated self images, and high levels of anxiety deeply rooted in mechanisms that render their performance in school mediocre and never within the level of their mental potential.

Diagnosis of Learning Problems

A careful examination of the student's history and previous educational experiences may provide valuable clues to the reasons for his present low achievement. This is where an objective, complete, and detailed Cumulative Record Card can be most useful. Such questions as the following need to be answered: Has he always been a low achiever in school or are his difficulties of recent origin? Did he have problems in learning to read or to do math in his first three years of school? How did his teachers feel about his work in previous grades? Has he moved often from school to school? Are there other discontinuities in his schooling due to illness, truancy, family problems, etc? What are the results of previous standardized tests? What is his medical history re-hearing, vision, early seizures, childhood illnesses, birth history (if available), etc? How many siblings does he have and what are their age relationships to his? etc., etc.

The initial assessment procedure we use in the Dartmouth Schools consist of an individual intelligence test (usually the WISC or WAIS), a brief achievement test (the WRAT is a popular one), a personality estimate through observation, interview, and/or projectives, and some form of visual and auditory perceptual screening test (we use a form of drawing test such as those devised by Bender, Benton, Graham and Kendall, or Fuller and the Wepman Test of Auditory Discrimination). After this a more detailed diagnostic assessment may be required or indicated by the initial testing.

The Bender Gestalt Test, which we use most often for visual perceptual screening with younger children, has been found by Mordock, Terrill, and Novik (1968-69) and by Mordock (1969) to be of doubtful validity with older children. Several other tests of perception and language development do not have norms for children beyond age ten or twelve and are thus not appropriate for individuals in their adolescent years. The procedures and tests that have had considerable use with younger children may not serve the same purpose with teenagers.

With the adolescent age group three areas of psychological assessment which are overlapping, related, and may be utilized together in a specialized assessment are: neuropsychological assessment procedures, reading diagnosis, and tests designed to best exemplified by the test battery compiled by Reitan and his associates at the University of Indiana, the second may be illustrated by any one of several reading diagnostic scales, and the third by the learning aptitude tests constructed by psychologists working for the Detroit Public Schools in the mid 1930's and revised in 1967.

A neuropsychological battery of tests was compiled by Reitan and his associates and has a considerable body of research literature to support the contentions of its advocates. It was basically designed to assess brain damage and to assist in determining its extent, effect, and localization. On the assumption that those who have learning disabilities have some neurological dysfunction, if not clearly indicated brain damage, this test has had extensive use with such individuals. A colleague of mine, who first introduced this procedure to me at the Clarke Institute of Psychiatry in Toronto, is currently working on a text book for the Children's and Intermediate forms of this battery of tests. The entire battery is a rather expensive on both for the necessary equipment and in the time required to administer, score, and interpret it.

The second type of diagnosis is that of the diagnostic reading scales. There are a large number of these which usually involve oral and silent reading, comprehension questions, word lists, and various tests of listening skills, phonics abilities, and verbal perception. Several individual reading measures which have achieved some degree of credibility and reputation are The Gates-McKillop Reading Diagnostic Tests, The Spache Diagnostic Reading Scales, and

the Durrell Analysis of Reading Difficulty. These vary slightly in difficulty and in the number of specific skills they measure. Some reading specialists pick and chose parts of each while others become familiar with and use just one measure.

Thirdly, and perhaps somewhat more closely related to the tests mentioned in the neuropsychological bettery than to those of the reading tests, are less expensive pencil and paper tests designed to measure styles and sensory channels of learning. Among these are the Detroit Tests of Learning Aptitude for all ages from three years through adult years. Maietta (1970) suggests this set of tests is particulary useful to teachers in gaining knowledge of the relation between learning aptitudes and the function of, what he calls, "cognitive controls" in teenagers with learning problems. The total of 19 tests receive billing as "A comprehensive individual psychological examination and a highly practical diagnostic instrument." Rarely would one adminster more than ten or twelve of the tests in order to get a general picture of an individual's learning ability and style of functioning. By contrasting and comparing the vaious scores on a profile one can begin to make some assumptions, not only about what the individual has learned but also, about the strengths and weaknesses of his methods of learning. Remedial work could then be planned or a means of circumvention considered to assist the student in his growth and progress in school.

Another test in somewhat the same category is the Specific Language Disability Test for Grades 6, 7, and 8 by Neva Malcomesius which is an upward extension of the better known tests devised for the earlier grades by Beth Slingerland. It is a procedure designed to screen an entire group or class in Grades 6, 7 and 8 who show some degree of specific language disability. Subtests I to V evaluate perception in visual area while the remaining subtests VI to X measure perception in the auditory area.

The Neuropsychology Laboratory of the Psychology Department at the University of Victoria has also devised tests useful in diagnosing functioning in learning disabilities. There are a number of other sources of similar materials.

Treatment of Learning Problems in Adolescence

A Vancouver psychiatrist who has been interested in learning disabilities for some time (Kline, 1972) commented on adolescent reading problems and suggested that the same methods are taken that have been used against black people and the poor, namely the problem is ignored, met with inappropriate or inadequate measures, and the children are blamed for having the problem. He suggests up to 15% of our children and youth have severe reading disability, reading disability is a major cause of emotional problems, causes

school dropouts, and is a major factor in juvenile delinquency. He asks, "If we know so much about the problem, why hasn't it been solved? If we don't know enough to solve, why don't we find out?"

My friend and mentor Dr. Harold Minden (1972) suggested that the efforts to educate teachers to new teaching methods and remedial techniques have been quite successful at the elementary level but there seems to be a "pernicious myopia" toward learning disabilities at the secondary school level. Although he stated that in 1965 a report was made that 35% of the Canadian school population never reach grade 9 and about 70% leave school before grade 12, there are still many who reach secondary school unable to read, write, or cope with mathematics at their grade level. The consequences of this include delinquency, lack of employment, and a high incidence of poor mental health and inadequate social adjustment. He suggested that attention be directed to three main problems: (1) the development of a secondary school environment conductive to the needs and abilities of the exceptional child, (2) the education of teachers at that level to be sensitive to and skillful in dealing with the adolescent with learning problems, and (3) the structuring of a transitional stage so that secondary schools can build on the educational experiences received at the elementary level.

A small group of nonreaders in the 7th and 8th grades, who were also truants and behavior problems in the school, were selected by Lane (1970) for a special class that was designed to teach them to read. They were subjected to a program entitled Intersensory Reading Method developed by Pollack to expose them to a gradual progression of phonic skills, use of linguistic word patterns, and a minimizing of contradiction in sounds of letters. Over a four-month period the average gain in reading was twelve months. Truancy was cut in half, teachers reported a marked decrease in disruptive behavior, and subject teachers noted specific improvement in attention span and general classroom deportment. Lane concludes that this suggests the so-called hopeless cases of older nonreaders are not at all hopeless.

In a five-year longitudinal study Koppitz (1972) followed 177 children ages 6 to 11 (they were 11 to 17 at the end of the study) and found at the end of five years in a special reading class ¼ had returned to regular classes, ¼ had moved away from school, and ½ were still in the program. She commented that too much time was being spent in the special classes on useless attempts to correct specific disabilities while neglecting the child's general education. She felt, however, that the greatest value of the special class was the increase in positive attitudes, a better self-concept, and a prevention of secondary emotional and behavioral problems.

Cowan and Graff (1969) report on a three-year pilot reading program for older adolescents (14½ to 19 years of age) undertaken in 1964 by the New York Infirmary Reading Clinic. Twenty-seven adolescents, 21 boys and 6 girls, with normal or "potentially" normal I.Q.'s, 5 to 9 years retarded in reading, and with a high level of motivation were admitted to the program. It was felt that key factors in the program were that some late maturation had taken place in the adolescents, they were strongly motivated, and they would have highly skilled remediation. At one hour a week for the duration of the study sixteen students improved 183% of expectation, while at two hours a week four have improved 223% of expectation. Seven students did not complete the program.

Not everyone is optimistic about helping the adolescent to learn to read. In a very significant report by Schiffman and Clemens (1966) of a review of 10,000 learning disability cases it was found that the rate of successful treatment depended on the grade at which the problem was identified and treated. For example at the second grade 82% of the children could be brought up to grade level in a two year period by appropriate teaching methods, by grade 7 it was down to 10% and by grade 9 only 6% could be readily remediated. The remainder, despite the use of sophisticated teaching methods, became chronic failures.

Conclusion: Cause for Optimism?

There appears to be an evergrowing concern with young people who have special problems, a gradual expansion in the range of educational opportunities for all, and a slow recognition of individual differences in public education. Certainly the record of educational systems in this regard in the past was poor but I feel there is reason for some cautious optimism.

More schools at the secondary level are investing in equipment for reading laboratories and better and larger school libraries. Technology has supplied us with such devices as tape recorders, overhead projectors, videotape cameras, etc. Teachers seem more flexible than they once were with regard to methods of instruction and evaluation.

It would appear that if motivation is high nonreading adolescents can often be taught to read. Recent work in behavioral engineering or behavior modification suggest ways to keep motivation strong. If they cannot be taught to read then there may be ways of enabling them to progress in their education without having to labour over the printed or written word. The counsellor's background, role, and function in most secondary schools would suggest that through him (or her) much can be accomplished in this regard.

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